POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_lsm_		_p/11/00_
O.I.P.E. CLASSIFIER			_5 /5·50·6o_
FORMALITY REVIEW	S.B	x 895	11-20-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		0	.... Objected

BEST AVAILABLE COPY

Claim Final	Original	Date								
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If more than 150 claims or 10 actions
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